



PROVIDER AGREEMENT - Change of Ownership

State Form 51403 (7-03)
Indiana State Department of Health

If you have recently undergone or are undergoing a Change of Ownership, please complete this form and enclose a copy of the purchase agreement with your enrollment application.

Change of Ownership Type:

☐ Acquisition ☐ Merger* ☐ Acquisition of Assets Only

Effective Date: _____

Provider Number Changing Ownership: _____

Provider Name Changing Ownership: _____

Provider Name Changing Ownership **Forwarding Address:**

Service Location Changing Ownership: _____

Old Tax ID: _____

New Tax ID: _____

If a Group Provider, members remaining under new ownership:

Provider Number	Provider Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

* **Mergers:** Please complete additional copies as needed for each group or practice merging into the new Tax ID.

If your Legal Name, Mailing Address or Tax ID have changed:

A copy of a completed federal W-9 Form must be attached to this update form. Failure to attach the W-9 form will result in ISDH returning the documents you submitted.